

ANNUAL STATEMENT

For the Year Ending December 31, 2003

OF THE CONDITION AND AFFAIRS OF THE

Community Care Plan

NAIC Group Code

0000

(Current Period)

0000

(Prior Period)

NAIC Company Code

52619

Employer's ID Number

38-3128143

Organized under the Laws of

Michigan

State of Domicile or Port of Entry

Michigan

Country of Domicile

United States of America

Licensed as business type:

Life, Accident & Health[]

Property/Casualty[]

Hospital, Medical & Dental Service or Indemnity[]

Dental Service Corporation[]

Vision Service Corporation[]

Health Maintenance Organization[X]

Other[]

Is HMO Federally Qualified? Yes[] No[X]

Date Incorporated or Organized

07/27/1993

Date Commenced Business

06/01/1996

Statutory Home Office

2100 Raybrook Drive S.E.

(Street and Number)

Grand Rapids, MI 49546

(City, or Town, State and Zip Code)

Main Administrative Office

2100 Raybrook drive S.E.

(Street and Number)

Grand Rapids, MI

(City or Town, State and Zip Code)

(616)252-4542

(Area Code) (Telephone Number)

Mail Address

P.O. Box 7069

(Street and Number or P.O. Box)

Grand Rapids, MI 49510-7069

(City, or Town, State and Zip Code)

Primary Location of Books and Records

2100 Raybrook Drive S.E.

(Street and Number)

Grand Rapids, MI 49546

(City, or Town, State and Zip Code)

(616)252-4542

(Area Code) (Telephone Number)

Internet Website Address

ww.communitycareplan.org

Statutory Statement Contact

Keith Sherwood

(Name)

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Policyowner Relations Contact

(Street and Number)

(City, or Town, State and Zip Code)

(Area Code) (Telephone Number)(Extension)

OFFICERS

President Keith Sherwood

Secretary Frank E Belsito DO

Treasurer William R Baxter

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

William C Cunningham DO

Frank E Belsito DO

Robert O Smedes

Michael Faas

State of Michigan

County of Kent ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)

Keith Sherwood

(Printed Name)

President

(Signature)

William R Baxter

(Printed Name)

Treasurer

(Signature)

(Printed Name)

Subscribed and sworn to before me this

day of , 2004

a. Is this an original filing?

b. If no, 1. State the amendment number

2. Date filed

3. Number of pages attached

Yes[X] No[]

(Notary Public Signature)

ASSETS

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1.	Bonds (Schedule D)				
2.	Stocks (Schedule D)				
2.1	Preferred stocks				
2.2	Common Stocks				
3.	Mortgage loans on real estate (Schedule B):				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate (Schedule A):				
4.1	Properties occupied by the company (less \$..... encumbrances)				
4.2	Properties held for the production of income (less \$..... encumbrances)				
4.3	Properties held for sale (less \$..... encumbrances)				
5.	Cash (\$.....1,030,246 Schedule E Part 1), cash equivalents (\$.....7,352,152 Schedule E Part 2) and short-term investments (\$..... Schedule DA)	8,382,398		8,382,398	12,740,609
6.	Contract loans (including \$..... premium notes)				
7.	Other invested assets (Schedule BA)				
8.	Receivable for securities				
9.	Aggregate write-ins for invested assets				
10.	Subtotals, cash and invested assets (Lines 1 to 9)	8,382,398		8,382,398	12,740,609
11.	Investment income due and accrued	5,562		5,562	3,282
12.	Premiums and considerations				
12.1	Uncollected premiums and agents' balances in the course of collection				
12.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$..... earned but unbilled premiums)				
12.3	Accrued retrospective premiums				
13.	Reinsurance:				
13.1	Amounts recoverable from reinsurers				
13.2	Funds held by or deposited with reinsured companies				
13.3	Other amounts receivable under reinsurance contracts				
14.	Amounts receivable relating to uninsured plans				
15.1	Current federal and foreign income tax recoverable and interest thereon				
15.2	Net deferred tax asset				
16.	Guaranty funds receivable or on deposit				
17.	Electronic data processing equipment and software	13,165	13,165		
18.	Furniture and equipment, including health care delivery assets (\$.....)	35,681	35,681		
19.	Net adjustment in assets and liabilities due to foreign exchange rates				
20.	Receivables from parent, subsidiaries and affiliates				
21.	Health care (\$.....418,465) and other amounts receivable	418,465		418,465	1,270,686
22.	Other assets nonadmitted				
23.	Aggregate write-ins for other than invested assets	17,425	17,425		
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	8,872,696	66,271	8,806,425	14,014,577
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26.	Total (Lines 24 and 25)	8,872,696	66,271	8,806,425	14,014,577
DETAILS OF WRITE-INS					
0901	.....			
0902	.....			
0903	.....			
0998.	Summary of remaining write-ins for Line 9 from overflow page				
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)				
2301.	Prepaid Expenses	17,425	17,425		
2302	.....			
2303	.....			
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	17,425	17,425		

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$..... reinsurance ceded)	1,198,936		1,198,936	7,030,891
2.	Accrued medical incentive pool and bonus amounts				75,773
3.	Unpaid claims adjustment expenses	24,468		24,468	
4.	Aggregate health policy reserves				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued	21,533		21,533	83,231
10.1	Current federal and foreign income tax payable and interest thereon (including \$..... on realized capital gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				42,651
13.	Remittance and items not allocated				
14.	Borrowed money (including \$..... current) and interest thereon \$..... (including \$..... current)				
15.	Amounts due to parent, subsidiaries and affiliates	120,425		120,425	214,352
16.	Payable for securities				
17.	Funds held under reinsurance treaties with (\$..... authorized reinsurers and \$..... unauthorized reinsurers)				
18.	Reinsurance in unauthorized companies				
19.	Net adjustments in assets and liabilities due to foreign exchange rates				
20.	Liability for amounts held under uninsured accident and health plans				
21.	Aggregate write-ins for other liabilities (including \$..... current)				
22.	TOTAL Liabilities (Lines 1 to 21)	1,365,362		1,365,362	7,446,898
23.	Common capital stock	X X X	X X X		
24.	Preferred capital stock	X X X	X X X		
25.	Gross paid in and contributed surplus	X X X	X X X	760,857	760,857
26.	Surplus notes	X X X	X X X		
27.	Aggregate write-ins for other than special surplus funds	X X X	X X X		
28.	Unassigned funds (surplus)	X X X	X X X	6,680,206	5,806,822
29.	Less treasury stock, at cost:	X X X	X X X		
29.1	..... shares common (value included in Line 23 \$.....)	X X X	X X X		
29.2	..... shares preferred (value included in Line 24 \$.....)	X X X	X X X		
30.	TOTAL capital and surplus (Lines 23 to 28 minus Line 29)	X X X	X X X	7,441,063	6,567,679
31.	TOTAL Liabilities, capital and surplus (Lines 22 and 30)	X X X	X X X	8,806,425	14,014,577
DETAILS OF WRITE-INS					
2101	.....			
2102	.....			
2103	.....			
2198.	Summary of remaining write-ins for Line 21 from overflow page				
2199.	TOTALS (Lines 2101 through 2103 plus 2198) (Line 21 above)				
2701	.....	X X X	X X X		
2702	.....	X X X	X X X		
2703	.....	X X X	X X X		
2798.	Summary of remaining write-ins for Line 27 from overflow page	X X X	X X X		
2799.	TOTALS (Lines 2701 through 2703 plus 2798) (Line 27 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	X X X	360,151	427,648
2.	Net premium income (including \$..... non-health premium income)	X X X	46,029,519	55,413,678
3.	Change in unearned premium reserves and reserve for rate credits	X X X		
4.	Fee-for-service (net of \$..... medical expenses)	X X X		
5.	Risk revenue	X X X		
6.	Aggregate write-ins for other health care related revenues	X X X		
7.	Aggregate write-ins for other non-health revenues	X X X		
8.	TOTAL revenues (Lines 2 to 7)	X X X	46,029,519	55,413,678
Hospital and Medical:				
9.	Hospital/medical benefits		18,147,619	25,329,115
10.	Other professional services		3,506,612	4,530,894
11.	Outside referrals		1,113,228	1,329,910
12.	Emergency room and out-of-area		6,597,523	7,285,598
13.	Prescription drugs		10,941,284	12,203,589
14.	Aggregate write-ins for other hospital and medical			
15.	Incentive pool, withhold adjustments and bonus amounts		12,289	(72,541)
16.	Subtotal (Lines 9 to 15)		40,318,555	50,606,565
Less:				
17.	Net reinsurance recoveries		599	15,402
18.	TOTAL hospital and medical (Lines 16 minus 17)		40,317,956	50,591,163
19.	Non-health claims			
20.	Claims adjustment expenses		403,351	683,356
21.	General administrative expenses		2,894,407	3,118,936
22.	Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only)			
23.	TOTAL underwriting deductions (Lines 18 through 22)		43,615,714	54,393,455
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	2,413,805	1,020,223
25.	Net investment income earned		120,223	188,538
26.	Net realized capital gains or (losses)			
27.	Net investment gains or (losses) (Lines 25 plus 26)		120,223	188,538
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....)]			
29.	Aggregate write-ins for other income or expenses		7,203,876	13,893
30.	Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	9,737,904	1,222,654
31.	Federal and foreign income taxes incurred	X X X		
32.	Net income (loss) (Lines 30 minus 31)	X X X	9,737,904	1,222,654
DETAILS OF WRITE-INS				
0601	.....	X X X		
0602	.....	X X X		
0603	.....	X X X		
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X		
0701	.....	X X X		
0702	.....	X X X		
0703	.....	X X X		
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799.	TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401	.....		
1402	.....		
1403	.....		
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901.	COB/Subrogation		46,853	13,893
2902.	Gain on Sale of Major Business Segment		7,157,023	
2903	.....		
2998.	Summary of remaining write-ins for Line 29 from overflow page			
2999.	TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)		7,203,876	13,893

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	6,567,679	5,338,256
GAINS AND LOSSES TO CAPITAL & SURPLUS			
34.	Net income or (loss) from Line 32	9,737,904	1,222,654
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Net unrealized capital gains and losses		
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets	135,477	6,769
40.	Change in unauthorized reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
44.1	Paid in		
44.2	Transferred from surplus (Stock Dividend)		
44.3	Transferred to surplus		
45.	Surplus adjustments:		
45.1	Paid in		
45.2	Transferred to capital (Stock Dividend)		
45.3	Transferred from capital		
46.	Dividends to stockholders	(9,000,000)	
47.	Aggregate write-ins for gains or (losses) in surplus		
48.	Net change in capital and surplus (Lines 34 to 47)	873,381	1,229,423
49.	Capital and surplus end of reporting year (Line 33 plus 48)	7,441,060	6,567,679
DETAILS OF WRITE-INS			
4701	.....	
4702	.....	
4703	.....	
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		

CASH FLOW

		1	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	46,029,519	55,413,678
2.	Net investment income	117,943	
3.	Miscellaneous income	46,853	13,893
4.	Total (Lines 1 through 3)	46,194,315	55,427,571
5.	Benefit and loss related payments	45,348,995	50,058,387
6.	Net transfers to Separate, Segregated and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	3,360,555	3,150,607
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) \$...... net tax on capital gains (losses)		
10.	Total (Lines 5 through 9)	48,709,550	53,208,994
11.	Net cash from operations (Lines 4 minus 10)	(2,515,235)	2,218,577
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds		
12.2	Stocks		
12.3	Mortgage loans		
12.4	Real estate		
12.5	Other invested assets		
12.6	Net gains or (losses) on cash and short-term investments		
12.7	Miscellaneous proceeds	7,157,023	
12.8	Total investment proceeds (Lines 12.1 to 12.7)	7,157,023	
13.	Cost of investments acquired (long-term only):		
13.1	Bonds		
13.2	Stocks		
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		
13.6	Miscellaneous applications		
13.7	Total investments acquired (Lines 13.1 to 13.6)		
14.	Net increase (or decrease) in policy loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	7,157,023	
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock		
16.3	Borrowed funds received		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders	9,000,000	
16.6	Other cash provided (applied)		760,205
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(9,000,000)	760,205
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS			
18.	Net change in cash and short-term investments (Line 11, plus Line 15, plus Line 17)	(4,358,212)	2,978,782
19.	Cash and short-term investments:		
19.1	Beginning of year	12,740,609	9,761,827
19.2	End of year (Line 18 plus Line 19.1)	8,382,397	12,740,609

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS
(Gain and Loss Exhibit)

7

		1	2	3	4	5	6	7	8	9	10	11	12	13
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employee Health Benefit Plan	Title XVIII- Medicare	Title XIX- Medicaid	Stop Loss	Disability Income	Long- term Care	Other Health	Other Non-Health
1.	Net premium income	46,029,519							46,029,519					
2.	Change in unearned premium reserves and reserve for rate credit													
3.	Fee-for-service (net of \$..... medical expenses)													X X X
4.	Risk revenue													X X X
5.	Aggregate write-ins for other health care related revenues													X X X
6.	Aggregate write-ins for other non-health care related revenues		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
7.	TOTAL revenues (Lines 1 to 6)	46,029,519							46,029,519					
8.	Hospital/medical benefits	18,147,619							18,147,619					X X X
9.	Other professional services	3,506,612							3,506,612					X X X
10.	Outside referrals	1,113,228							1,113,228					X X X
11.	Emergency room and out-of-area	6,597,523							6,597,523					X X X
12.	Prescription drugs	10,941,284							10,941,284					X X X
13.	Aggregate write-ins for other hospital and medical													X X X
14.	Incentive pool, withhold adjustments and bonus amounts	12,289							12,289					X X X
15.	Subtotal (Lines 8 to 14)	40,318,555							40,318,555					X X X
16.	Net reinsurance recoveries	599							599					X X X
17.	TOTAL hospital and medical (Lines 15 minus 16)	40,317,956							40,317,956					X X X
18.	Non-health claims (net)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19.	Claims adjustment expenses	403,351							403,351					
20.	General administrative expenses	2,894,407							2,894,407					
21.	Increase in reserves for accident and health contracts													X X X
22.	Increase in reserves for life contracts		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23.	TOTAL underwriting deductions (Lines 17 to 22)	43,615,714							43,615,714					
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	2,413,805							2,413,805					
DETAILS OF WRITE-INS														
0501	.....													X X X
0502	.....													X X X
0503	.....													X X X
0598.	Summary of remaining write-ins for Line 5 from overflow page													X X X
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)													X X X
0601	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698.	Summary of remaining write-ins for Line 6 from overflow page		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301	.....													X X X
1302	.....													X X X
1303	.....													X X X
1398.	Summary of remaining write-ins for Line 13 from overflow page													X X X
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)													X X X

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

		1	2	3	4
Line of Business		Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Columns 1 + 2 - 3)
1.	Comprehensive (hospital and medical) .....	.....	.....	.....	.....
2.	Medicare Supplement .....	.....	.....	.....	.....
3.	Dental only .....	.....	.....	.....	.....
4.	Vision only .....	.....	.....	.....	.....
5.	Federal Employee Health Benefits Plan .....	.....	.....	.....	.....
6.	Title XVIII - Medicare .....	.....	.....	.....	.....
7.	Title XIX - Medicaid	46,171,006	.....	141,487	46,029,519
8.	Stop loss .....	.....	.....	.....	.....
9.	Disability income .....	.....	.....	.....	.....
10.	Long-term care .....	.....	.....	.....	.....
11.	Other health .....	.....	.....	.....	.....
12.	Health subtotal (Lines 1 through 11)	46,171,006	.....	141,487	46,029,519
13.	Life .....	.....	.....	.....	.....
14.	Property/casualty .....	.....	.....	.....	.....
15.	TOTALS (Lines 12 to 14)	46,171,006	.....	141,487	46,029,519

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - Claims Incurred During the Year

		1	2	3	4	5	6	7	8	9	10	11	12	13
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other Health	Other Non-Health
1.	Payments during the year:													
	1.1 Direct	45,261,532							45,261,532					
	1.2 Reinsurance assumed													
	1.3 Reinsurance ceded													
	1.4 Net	45,261,532							45,261,532					
2.	Paid medical incentive pools and bonuses	88,062							88,062					
3.	Claim liability December 31, current year from Part 2A:													
	3.1 Direct	1,198,936							1,198,936					
	3.2 Reinsurance assumed													
	3.3 Reinsurance ceded													
	3.4 Net	1,198,936							1,198,936					
4.	Claim reserve December 31, current year from Part 2D:													
	4.1 Direct													
	4.2 Reinsurance assumed													
	4.3 Reinsurance ceded													
	4.4 Net													
5.	Accrued medical incentive pools and bonuses, current year													
6.	Amounts recoverable from reinsurers December 31, current year	599							599					
7.	Claim liability December 31, prior year from Part 2A:													
	7.1 Direct	7,030,891							7,030,891					
	7.2 Reinsurance assumed													
	7.3 Reinsurance ceded													
	7.4 Net	7,030,891							7,030,891					
8.	Claim reserve December 31, prior year from Part 2D:													
	8.1 Direct													
	8.2 Reinsurance assumed													
	8.3 Reinsurance ceded													
	8.4 Net													
9.	Accrued medical incentive pools and bonuses, prior year	75,773							75,773					
10.	Amounts recoverable from reinsurers December 31, prior year													
11.	Incurred benefits:													
	11.1 Direct	39,429,577							39,429,577					
	11.2 Reinsurance assumed													
	11.3 Reinsurance ceded	599							599					
	11.4 Net	39,428,978							39,428,978					
12.	Incurred medical incentive pools and bonuses	12,289							12,289					

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - Claims Liability End of Current Year

		1	2	3	4	5	6	7	8	9	10	11	12	13
		Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other Health	Other Non-Health
10	1. Reported in Process of Adjustment:													
	1.1 Direct													
	1.2 Reinsurance assumed													
	1.3 Reinsurance ceded													
	1.4 Net													
	2. Incurred but Unreported:													
	2.1 Direct	1,198,936							1,198,936					
	2.2 Reinsurance assumed													
	2.3 Reinsurance ceded													
	2.4 Net	1,198,936							1,198,936					
3.	Amounts Withheld from Paid Claims and Capitations:													
	3.1 Direct													
	3.2 Reinsurance assumed													
	3.3 Reinsurance ceded													
	3.4 Net													
4.	TOTALS													
	4.1 Direct	1,198,936							1,198,936					
	4.2 Reinsurance assumed													
	4.3 Reinsurance ceded													
	4.4 Net	1,198,936							1,198,936					

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

		Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
		1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
Line of Business							
1.	Comprehensive (hospital and medical) .....	.....	.....	.....	.....	.....	.....
2.	Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3.	Dental only .....	.....	.....	.....	.....	.....	.....
4.	Vision only .....	.....	.....	.....	.....	.....	.....
5.	Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
6.	Title XVIII - Medicare .....	.....	.....	.....	.....	.....	.....
7.	Title XIX - Medicaid	5,297,543	39,963,390	89,684	1,109,252	5,387,227	7,030,891
8.	Other health .....	.....	.....	.....	.....	.....	.....
9.	Health subtotal (Lines 1 to 8)	5,297,543	39,963,390	89,684	1,109,252	5,387,227	7,030,891
10.	Other non-health .....	.....	.....	.....	.....	.....	.....
11.	Medical incentive pool and bonus amounts	88,062	.....	.....	.....	88,062	75,773
12.	TOTALS (Lines 9 to 11)	5,385,605	39,963,390	89,684	1,109,252	5,475,289	7,106,664

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Grand Total
Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 1999	2 2000	3 2001	4 2002	5 2003
1.	Prior	1,218	2	(1)		
2.	1999	6,270	1,467	3		
3.	2000	X X X	8,529	2,380	6	975
4.	2001	X X X	X X X	25,160	4,649	41,311
5.	2002	X X X	X X X	X X X	41,427	5,117,952
6.	2003	X X X	X X X	X X X	X X X	41,040,978

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability and Reserve Outstanding at End of Year				
		1 1999	2 2000	3 2001	4 2002	5 2003
1.	Prior	394	73			
2.	1999	1,799	1,211	2		
3.	2000	X X X	6,270	1,467	6	975
4.	2001	X X X	X X X	8,529	4,649	41,311
5.	2002	X X X	X X X	X X X	41,427	55,207,637
6.	2003	X X X	X X X	X X X	X X X	47,424,620

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	Prior to 1999	X X X	30		X X X	30	X X X			30	X X X
2.	1999	217	77			77	35.484			77	35.484
3.	2000	308	109			109	35.390			109	35.390
4.	2001	438	299	583	194.983	882	201.370			882	201.370
5.	2002	554	484	683	141.116	1,167	210.650	90		1,257	226.895
6.	2003	460	461	917	198.980	1,378	299.630	1,133	24	2,536	551.239
7.	TOTAL (Lines 1 through 6)	X X X	1,460	2,183	X X X	3,643	X X X	1,223	24	4,891	X X X
8.	TOTAL (Lines 2 through 6)	1,977	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X

12 Total

12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Hospital and Medical. . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Hospital and Medical . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Hospital and Medical. . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only.	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only.	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only.	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only.	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only.	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only.	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP.	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP.	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP.	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XVIII-Medicare	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XVIII-Medicare	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XVIII-Medicare	NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Title XIX - Medicaid
Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 1999	2 2000	3 2001	4 2002	5 2003
1.	Prior	1,218	2	(1)		
2.	1999	6,270	1,467	3		
3.	2000	X X X	8,529	2,380	6	975
4.	2001	X X X	X X X	25,160	4,649	41,311
5.	2002	X X X	X X X	X X X	41,427	5,117,952
6.	2003	X X X	X X X	X X X	X X X	41,040,978

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability and Reserve Outstanding at End of Year				
		1 1999	2 2000	3 2001	4 2002	5 2003
1.	Prior	394	73			
2.	1999	1,799	1,211	2		
3.	2000	X X X	6,270	1,467	6	975
4.	2001	X X X	X X X	8,529	4,649	41,311
5.	2002	X X X	X X X	X X X	41,427	55,207,637
6.	2003	X X X	X X X	X X X	X X X	47,424,620

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	Prior to 1999	X X X	30		X X X	30	X X X			30	X X X
2.	1999	217	77			77	35.484			77	35.484
3.	2000	308	109			109	35.390			109	35.390
4.	2001	438	299	583	194.983	882	201.370			882	201.370
5.	2002	554	484	683	141.116	1,167	210.650	90		1,257	226.895
6.	2003	460	461	514	111.497	975	211.957	1,133		2,108	458.261
7.	TOTAL (Lines 1 through 6)	X X X	1,460	1,780	X X X	3,240	X X X	1,223		4,463	X X X
8.	TOTAL (Lines 2 through 6)	1,977	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Other
Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 1999	2 2000	3 2001	4 2002	5 2003
1.	Prior	<div>NONE</div>				
2.	1999					
3.	2000					
4.	2001		X X			
5.	2002		X X	X X X		
6.	2003		X X X	X X X	X X X	

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability and Reserve Outstanding at End of Year				
		1 1999	2 2000	3 2001	4 2002	5 2003
1.	Prior	<div>NONE</div>				
2.	1999					
3.	2000					
4.	2001		X X			
5.	2002		X X	X X X		
6.	2003		X X X	X X X	X X X	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1.	Prior to 1999	X X X			X X X		X X X				X X X
2.	1999										
3.	2000										
4.	2001										
5.	2002										
6.	2003			403		403			24	428	
7.	TOTAL (Lines 1 through 6)	X X X		403	X X X	403	X X X		24	428	X X X
8.	TOTAL (Lines 2 through 6)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X

12 Other

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9	10	11	12
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
POLICY RESERVE												
1. Unearned premium reserves												
2. Additional policy reserves (a)												
3. Reserve for future contingent benefits												
4. Reserve for rate credits or experience rating refunds (including \$#####) for investment income												
5. Aggregate write-ins for other policy reserves												
6. Totals (gross)												
7. Reinsurance ceded												
8. Totals (Net) (Page 3, Line 4)												
CLAIM RESERVE												
9. Present value of amounts not yet due on claims												
10. Reserve for future contingent benefits												
11. Aggregate write-ins for other claim reserves												
12. Totals (gross)												
13. Reinsurance ceded												
14. Totals (Net) (Page 3, Line 7)												
DETAILS OF WRITE-INS												
0501												
0502												
0503												
0598. Summary of remaining write-ins for Line 5 from overflow page												
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)												
1101												
1102												
1103												
1198. Summary of remaining write-ins for Line 11 from overflow page ..												
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)												

(a) Includes \$. premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	1	2	3	4
	Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$..... for occupancy of own building)	51,144	147,537		198,681
2. Salaries, wages and other benefits	119,977	2,181,135		2,301,112
3. Commissions (less \$..... ceded plus \$..... assumed) ...				
4. Legal fees and expenses		48,120		48,120
5. Certifications and accreditation fees		74,869		74,869
6. Auditing, actuarial and other consulting services		35,520		35,520
7. Traveling expenses		24,350		24,350
8. Marketing and advertising				
9. Postage, express and telephone	8,140	77,480		85,620
10. Printing and office supplies	8,037	60,000		68,037
11. Occupancy, depreciation and amortization	33,885	66,254		100,139
12. Equipment				
13. Cost or depreciation of EDP equipment and software				
14. Outsourced services including EDP, claims, and other services	3,181			3,181
15. Boards, bureaus and association fees		51,744		51,744
16. Insurance, except on real estate	36,792	24,251		61,043
17. Collection and bank service charges	4,110	14,430		18,540
18. Group service and administration fees				
19. Reimbursements by uninsured accident and health plans				
20. Reimbursements from fiscal intermediaries				
21. Real estate expenses				
22. Real estate taxes				
23. Taxes, licenses and fees:				
23.1 State and local insurance taxes				
23.2 State premium taxes				
23.3 Regulator authority licenses and fees				
23.4 Payroll taxes				
23.5 Other (excluding federal income and real estate taxes)				
24. Investment expenses not included elsewhere				
25. Aggregate write-ins for expenses	138,085	88,717		226,802
26. Total expenses incurred (Lines 1 to 25)	403,351	2,894,407		(a).... 3,297,758
27. Less expenses unpaid December 31, current year		21,533		21,533
28. Add expenses unpaid December 31, prior year				
29. Amounts receivable relating to uninsured accident and health plans, prior year				
30. Amounts receivable relating to uninsured accident and health plans, current year				
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .	403,351	2,872,874		3,276,225
DETAILS OF WRITE-INS				
2501. Office Supplies	5,898	3,610		9,508
2502. EDP Services	21,277	85,107		106,384
2503. Rx Adminn Fees	110,910			110,910
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 + 2598)(Line 25 above)	138,085	88,717		226,802

(a) Includes management fees of \$.....2,360,999 to affiliates and \$..... to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a).....	.....
1.1	Bonds exempt from U.S. tax	(a).....	.....
1.2	Other bonds (unaffiliated)	(a).....	.....
1.3	Bonds of affiliates	(a).....	.....
2.1	Preferred stocks (unaffiliated)	(b).....	.....
2.11	Preferred stocks of affiliates	(b).....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans	(c).....	.....
4.	Real estate	(d).....	.....
5.	Contract loans .....	.....	.....
6.	Cash/short-term investments	(e)..... 120,223	..... 125,785
7.	Derivative instruments	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....	.....
10.	Total gross investment income .....	..... 120,223	..... 125,785
11.	Investment expenses	(g).....	
12.	Investment taxes, licenses and fees, excluding federal income taxes	(g).....	
13.	Interest expense	(h).....	
14.	Depreciation on real estate and other invested assets	(i).....	
15.	Aggregate write-ins for deductions from investment income .....	.....
16.	Total deductions (Lines 11 through 15) .....	.....
17.	Net Investment income (Line 10 minus Line 16) .....	..... 125,785	
DETAILS OF WRITE-INS			
0901	.....	.....	.....
0902	.....	.....	.....
0903	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above) .....	.....	.....
1501	.....	.....	.....
1502	.....	.....	.....
1503	.....	.....	.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15, above) .....	.....	.....

- (a) Includes \$..... accrual of discount less \$..... amortization of premium and less \$..... paid for accrued interest on purchases.
- (b) Includes \$..... accrual of discount less \$..... amortization of premium and less \$..... paid for accrued dividends on purchases.
- (c) Includes \$..... accrual of discount less \$..... amortization of premium and less \$..... paid for accrued interest on purchases.
- (d) Includes \$..... for company's occupancy of its own buildings; and excluding \$..... interest on encumbrances.
- (e) Includes \$..... accrual of discount less \$..... amortization of premium and less \$..... paid for accrued interest on purchases.
- (f) Includes \$..... accrual of discount less \$..... amortization of premium.
- (g) Includes \$..... investment expenses and \$..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$..... interest on surplus notes and \$..... interest on capital notes.
- (i) Includes \$..... depreciation on real estate and \$..... depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Increases (Decreases) by Adjustment	Net Gain (Loss) from Change in Difference Between Basis Book/Adjusted Carrying and Admitted Values	Total
1.	U.S. Government bonds .....	.....	.....	.....	.....	.....
1.1	Bonds exempt from U.S. tax .....	.....	.....	.....	.....	.....
1.2	Other bonds (unaffiliated) .....	.....	.....	.....	.....	.....
1.3	Bonds of affiliates .....	.....	.....	.....	.....	.....
2.1	Preferred stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.11	Preferred stocks of affiliates .....	.....	.....	.....	.....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....	.....	.....	.....
3.	Mortgage loans .....	.....	.....	.....	.....	.....
4.	Real estate .....	.....	.....	.....	.....	.....
5.	Contract loans .....	.....	.....	.....	.....	.....
6.	Cash/short-term investments .....	.....	.....	.....	.....	.....
7.	Derivative instruments .....	.....	.....	.....	.....	.....
8.	Other invested assets .....	.....	.....	.....	.....	.....
9.	Aggregate write-ins for capital gains (losses) .....	.....	.....	.....	.....	.....
10.	Total capital gains (losses) .....	.....	.....	.....	.....	.....
DETAILS OF WRITE-INS						
0901	.....	.....	.....	.....	.....	.....
0902	.....	.....	.....	.....	.....	.....
0903	.....	.....	.....	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....	.....	.....
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above) .....	.....	.....	.....	.....	.....

EXHIBIT 1 - ANALYSIS OF NONADMITTED ASSETS AND RELATED ITEMS

		1 End of Current Year	2 End of Prior Year	3 Changes for Year (Increase) or Decrease
1.	Summary of items Page 2, Lines 12 to 20, Column 2	48,846	183,315	134,469
2.	Other Nonadmitted Assets:			
2.1	Bills receivable			
2.2	Leasehold improvements			
2.3	Cash advanced to or in the hands of officers and agents			
2.4	Loans on personal security, endorsed or not			
2.5	Commuted commissions			
3.	Total (Lines 2.1 to 2.5)			
4.	Aggregate write-ins for other assets	17,425	18,433	1,008
5.	TOTAL (Line 1 plus Line 3 and Line 4)	66,271	201,748	135,477
DETAILS OF WRITE-INS				
0401.	Prepaid Expenses	17,425	18,433	1,008
0402	.....		
0403	.....		
0498.	Summary of remaining write-ins for Line 4 from overflow page			
0499.	TOTALS (Lines 0401 through 0403 plus 0498) (Line 4 above)	17,425	18,433	1,008

EXHIBIT 2 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment		Total Members at End of					6
		1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1.	Health Maintenance Organizations	38,375	39,974	40,167	40,067		360,151
2.	Provider Service Organizations						
3.	Preferred Provider Organizations						
4.	Point of Service						
5.	Indemnity Only						
6.	Aggregate write-ins for other lines of business						
7.	TOTAL	38,375	39,974	40,167	40,067		360,151
DETAILS OF WRITE-INS							
0601	.....					
0602	.....					
0603	.....					
0698.	Summary of remaining write-ins for Line 6 from overflow page						
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

Notes to Financial Statement

1. Significant Accounting Policies

A. The accompanying financial statements have been completed in conformity with the NAIC Accounting Praciticies and Procedures manual. All accounting is accomplished on an accrual basis.

B. The preparation of financial statements is in conformity with the Annual Statement Instruction and Accounting Practices and Procedures manual which requires the use of management estimates.

C.Policies that materially affect the assets, liabilities, capital and surplus or results of operations include:

(1) Short-term investments are stated at market value

(2) Common stocks are stated at market value

2. Accounting Changes and Correction of Errors

A. Material changes in accounting principals and/or correction of errors - None

B. Cumulative effect of changes in accounting principals as a result of the initial implementation of codification - None

3. Business Combinations and Goodwill

A. Statutory purchase method - N/A

B. Statutory merger - N/A

C. Impairment loss - N/A

4. Discontinued Operations

Community Care Plan sold it's major business segment, and effective October 1, 2003 transferred its membership to other Michigan Medicaid health plans

5. Investments

A. Mortgage loans - None

B. Debt restructuring - None

C. Reverse mortgages - None

D. Loan-backed securities - None

E. Repurchase agreements - None

6. Joint Ventures, Partnerships and Limited Liability Companies

A. None

B. None

7. Investment Income

A. Bases for excluding any investment due and accrued - None

B. Total amount excluded - N/A

8. Derivative Instruments

None

9. Income Taxes

None

10. Information concerning Parent, Subsidiaries and Affiliates

A. Community Care Plan (CCP) is owned by Metropolitan Hospital.

B. Related party transactions involve reimbursement for services provided by the owner and affiliates to the enrollees of CCP.

C. The total dollar amount reported for these transcations is \$5,738,398.

D. At December 31, 2003, \$120,426 was due to Metropolitan Hospital for management services in addition to an undeterminable amount for claims related services.

E. None

F. In addition to the agreement with the owner and its' affiliates for the provision of medical services there also exists an agreement with the owner for staffing and IS support. All the staff of CCP are employed by Metropolitan Hospital and assigned to CCP. Related expenses are billed and reimbursed by CCP on a monthly basis.

Notes to Financial Statement

- G. Metropolitan Hospital is the sole owner of CCP. The operating results or financial position of CCP would not be significantly different if the enterprise was autonomous.

H. N/A

I. N/A

J. N/A
11. Debt

A. Capital notes - N/A

B. All other debt - N/A
12. Retirement plans, deferred compensation, post-employment benefits and compensated absenses and other post-retirement benefit plans.

As all staff of CCP are employees of Metropolitan Hospital, they are covered by the retirement plan and post-retirement benefits afforded all employees of Metropolitan Hospital.
13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

CCP became a stock corporation March 1, 2001

(1) Number of Shares - 100

(2) Dividend rate - N/A

(3) Dividend restrictions - N/A

(4) Portion of profits that may be paid as ordinary dividends - N/A

(5) Restrictions on surplus - None

(6) N/A

(7) Total amount of stock held by the company - None

(8) Reasons for changes in the amount of any special surplus funds - None

(9) None

(10) Surplus Notes - N/A

(11) N/A

(12) N/A
14. Contingencies

A. Contingent commitments - None

B. Assessments - None

C. Gain contingencies - None

D. All other contingencies - None
15. Leases

A. CCP has a lease arrangement in place for office space.

(1) a. The total lease expense included in the financial statements amounts to \$198,681.

b. Basis for contingent rental payments - None

c. On Novemberr 1, 2003 the monthly rent decreased by \$5,438, per month and is also subject to further adjustment by the increase in the CPI, not to exceed 5%, per year.

d. Restriction placed on rental agreements - None

(2) a. Future minimal rental payments are as follows

2004- \$146,256

2005 - \$ 48,752

2006 - \$ 0

B. N/A
16. Information about financial instrucments with off-balance sheet risk and financial instruments with concentrations of credit risk.

A. Financial statements with off-balance sheet risk - N/A
17. Sale, transfer and servicing of financial assets and extinguishments of liabilities

A. Transfer of receivables reported as sales - None

B. Transfer and servicing of financial assets - None

C. Wash sales - None
18. Gain or loss to the reporting entity from uninsured portion of partially insured plans.

A. ASO plans - None

B. ASC plans - None

C. CCP's sole line of business is the Medicaid contract with the State of Michigan. All of the reported activity is from this source.
19. Direct premium written/produced by managing general agents/third party administrators

None
20. Other Items

A. Extraordinary item - None

B. Troubled debt restructuring: debtors - None

C. Other disclosures - None

D. None
21. Events Subsequent

None at 3/1/2003
22. Reinsurance

A. Unsecured reinsurance recoverables - None

B. Reinsurance recoverables in dispute - None

Notes to Financial Statement

- C.

Reinsurance assumed and ceded - None
- D.

Uncollectible Reinsurance - None
- E.

Commutation of ceded reinsurance
Munich American Reassurance Co.

(1)

Losses incurred - None

(2)

Loss adjustment expenses incurred - None

(3)

Premiums Earned - \$141,487

(4)

Other - Contract started 10/1/2002
- F.

Retroactive Reinsurance - None
23.

Retrospective rated contracts
None
24.

Salvage and subrogation
None
25.

Change in incurred claims and claims adjustment expenses
None
26.

Organization and Operation
Community Care Plan is contracted with the State of Mihcigan as a health maintenance organization (HMO) to provide managed health care benefits to the assigned Medicaid population. The HMO license was granted on June 29, 2000. This is CCP's sole line of business. Community Care Plan pays providers of medical services according to the State of Michigan Medicaid guidelines and fee schedule. For some primary care physicians, reimbursement occurs according to an age/gender adjusted capitation schedule for a defined range of services. CCP also has risk arrangements with contracting provider groups. The administration of, and accounting for, CCP's operations occurs on site at its corporate headquarters. As a result, all of the corresponding books, records and legal documents can be found at this location.
27.

Minimum Net Worth
Under the laws of the State of Michigan, CCP is required to maintain minimum net worth on a statutory basis as follows:
An HMO shall possess and maintain unimpaired net worth until the earlier of the following:
The HMO attains a level of net worth as provided below before December 31, 2003
For HMOs that contract with providers sufficient to provide 90% of the HMOs benefit payout, minimum net worth is the greatest of the following:
\$1,500,000
4% of the HMOs subscription revenue
3 months of uncovered expenses
For HMOs that do not contract with providers sufficient to provide 905 of the HMOs benefit payout, minimum net worth is the greateset of the following:
\$3,000,000
10% of the HMOs subscription revenue
3 months of uncovered expense

SUMMARY INVESTMENT SCHEDULE

Investment Categories		Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement	
		1 Amount	2 Percentage	3 Amount	4 Percentage
1.	Bonds:				
1.1	U.S. treasury securities				
1.2	U.S. government agency and corporate obligations (excluding mortgage-backed securities):				
1.21	Issued by U.S. government agencies				
1.22	Issued by U.S. government sponsored agencies				
1.3	Foreign government (including Canada, excluding mortgage-backed securities)				
1.4	Securities issued by states, territories, and possessions and political subdivisions in the U.S.:				
1.41	States, territories and possessions general obligations				
1.42	Political subdivisions of states, territories and possessions and political subdivisions general obligations				
1.43	Revenue and assessment obligations				
1.44	Industrial development and similar obligations				
1.5	Mortgage-backed securities (includes residential and commercial MBS):				
1.51	Pass-through securities:				
1.511	Guaranteed by GNMA				
1.512	Issued by FNMA and FHLMC				
1.513	Privately issued				
1.52	CMOs and REMICs:				
1.521	Issued by FNMA and FHLMC				
1.522	Privately issued and collateralized by MBS issued or guaranteed by GNMA, FNMA, or FHLMC				
1.523	All other privately issued				
2.	Other debt and other fixed income securities (excluding short term):				
2.1	Unaffiliated domestic securities (includes credit tenant loans rated by the SVO)				
2.2	Unaffiliated foreign securities				
2.3	Affiliated securities				
3.	Equity interests:				
3.1	Investments in mutual funds				
3.2	Preferred stocks:				
3.21	Affiliated				
3.22	Unaffiliated				
3.3	Publicly traded equity securities (excluding preferred stocks):				
3.31	Affiliated				
3.32	Unaffiliated				
3.4	Other equity securities:				
3.41	Affiliated				
3.42	Unaffiliated				
3.5	Other equity interests including tangible personal property under lease:				
3.51	Affiliated				
3.52	Unaffiliated				
4.	Mortgage loans:				
4.1	Construction and land development				
4.2	Agricultural				
4.3	Single family residential properties				
4.4	Multifamily residential properties				
4.5	Commercial loans				
4.6	Mezzanine real estate loans				
5.	Real estate investments:				
5.1	Property occupied by company				
5.2	Property held for production of income (includes \$..... of property acquired in satisfaction of debt)				
5.3	Property held for sale (\$..... including property acquired in satisfaction of debt)				
6.	Policy loans				
7.	Receivables for securities				
8.	Cash and short-term investments			8,382,398	100.000
9.	Other invested assets				
10.	Total invested assets			8,382,398	100.000

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes[X] No[]
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes[X] No[] N/A[]
..... Michigan
- 1.3 State Regulating?
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 2.2 If yes, date of change:
If not previously filed, furnish herewith a certified copy of the instrument as amended.

.....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2001.....
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....12/19/2002.....
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....12/19/2002.....
- 3.4 By what department or departments?
State of Michiagn Office of Financial and Insurance Services
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business?

Yes[] No[X]
- 4.12 renewals?

Yes[] No[X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business?

Yes[] No[X]
- 4.22 renewals?

Yes[] No[X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile
.....

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action either formal or informal, if a confidentiality clause is part of the agreement)

Yes[] No[X]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes[] No[X]
- 7.2 If yes,
- 7.21 State the percentage of foreign control

..... %
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact)

1	2
Nationality	Type of Entity
.....

GENERAL INTERROGATORIES (continued)

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e., the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
..... Yes[] No[X] ..	.. Yes[] No[X] ..	.. Yes[] No[X] ..	.. Yes[] No[X] ..	.. Yes[] No[X] ..

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with a(n) actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
11. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 11.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 11.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes[] No[X]
- 11.3 Have there been any changes made to any of the trust indentures during the year?

Yes[] No[X]
- 11.4 If answer to (11.3) is yes, has the domiciliary or entry state approved the changes?

Yes[] No[] N/A[X]

BOARD OF DIRECTORS

12. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?

Yes[] No[X]
13. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes[X] No[]
14. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees which is in or is likely to conflict with the official duties of such person?

Yes[X] No[]

FINANCIAL

- 15.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 15.11 To directors or other officers

\$
- 15.12 To stockholders not officers

\$
- 15.13 Trustees, supreme or grand (Fraternal only)

\$
- 15.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 15.21 To directors or other officers

\$
- 15.22 To stockholders not officers

\$
- 15.23 Trustees, supreme or grand (Fraternal only)

\$
- 16.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes[] No[X]
- 16.2 If yes, state the amount thereof at December 31 of the current year:
- 16.21 Rented from others

\$
- 16.22 Borrowed from others

\$
- 16.23 Leased from others

\$
- 16.24 Other

\$
- Disclose in Notes to Financial the nature of each obligation.
- 17.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes[] No[X]
- 17.2 If answer is yes:
- 17.21 Amount paid as losses or risk adjustment

\$
- 17.22 Amount paid as expenses

\$
- 17.23 Other amounts paid

\$

GENERAL INTERROGATORIES (continued)

INVESTMENT

18. List the following capital stock information for the reporting entity:

Class		1 Number of Shares Authorized	2 Number of Shares Outstanding	3 Par Value Per Share	4 Redemption Price If Callable	5 Is Dividend Rate Limited?	6 Are Dividends Cumulative?
1.	Preferred .....	.....	.....	.....	.....	Yes[] No[] N/A[X]	Yes[] No[] N/A[X]
2.	Common .....	..... 1,000.000	..... 100.000	.....	..... X X X .....	..... X X X .....	..... X X X

19.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date, except as shown by Schedule E - Part 3 - Special Deposits?

Yes[X] No[]

19.2 If no, give full and complete information, relating thereto:

20.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, except as shown on Schedule E - Part 3 - Special Deposits, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 16.1).

Yes[] No[X]

20.2 If yes, state the amount thereof at December 31 of the current year:

- 20.21 Loaned to others
- 20.22 Subject to repurchase agreements
- 20.23 Subject to reverse repurchase agreements
- 20.24 Subject to dollar repurchase agreements
- 20.25 Subject to reverse dollar repurchase agreements
- 20.26 Pledged as collateral
- 20.27 Placed under option agreements
- 20.28 Letter stock or securities restricted as to sale
- 20.29 Other
- \$
- \$
- \$
- \$
- \$
- \$
- \$
- \$
- \$

20.3 For each category above, if any of these assets are held by other, identify by whom held:

- 20.31
- 20.32
- 20.33
- 20.34
- 20.35
- 20.36
- 20.37
- 20.38
- 20.39

For categories (20.21) and (20.23) above, and for any securities that were made available for use by another person during the period covered by this statement, attach a schedule as shown in the instructions to the annual statement.

20.4 For category (20.28) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....

21.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes[] No[X]

21.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes[] No[] N/A[X]

If no, attach a description with this statement.

22.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes[] No[X]

22.2 If yes, state the amount thereof at December 31 of the current year.

\$

GENERAL INTERROGATORIES (continued)

INVESTMENT

23. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV.H - Custodial or Safekeeping agreements of the NAIC Financial Condition Examiners Handbook?

23.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[X] No[]

1 Name of Custodian(s)	2 Custodian's Address
Fifth Third Bank	222 Lyon Street NW, Grand Rapids MI 49501

23.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

23.03 Have there been any changes, including name changes, in the custodian(s) identified in 23.01 during the current year?

23.04 If yes, give full and complete information relating thereto:

Yes[] No[X]

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

23.05 Identify all investment advisers, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
.....

24.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])?

24.2 If yes, complete the following schedule:

Yes[] No[X]

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
24.2999 Total

24.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....

GENERAL INTERROGATORIES (Continued)

OTHER

25.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?

25.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

\$

1 Name	2 Amount Paid
.....

26.1 Amount of payments for legal expenses, if any?

26.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

\$..... 48,120

1 Name	2 Amount Paid
Varnum, Riddering Schmidt Howlett LLP .....	..... 30,441

27.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?

27.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies officers or department of government during the period covered by this statement.

\$

1 Name	2 Amount Paid
.....

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes[] No[X]

1.2 If yes, indicate premium earned on U.S. business only:

\$

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$

1.31 Reason for excluding:

1.4 Indicate amount of premium earned attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$

1.6 Individual policies - Most current three years:

1.61 Total premium earned

\$

1.62 Total incurred claims

\$

1.63 Number of covered lives

\$

All years prior to most current three years:

1.64 Total premium earned

\$

1.65 Total incurred claims

\$

1.66 Number of covered lives

\$

1.7 Group policies - Most current three years:

1.71 Total premium earned

\$

1.72 Total incurred claims

\$

1.73 Number of covered lives

\$

All years prior to most current three years:

1.74 Total premium earned

\$

1.75 Total incurred claims

\$

1.76 Number of covered lives

\$

2. Health Test

		1	2
		Current Year	Prior Year
2.1	Premium Numerator .....	.....	.....
2.2	Premium Denominator .....	.....	.....
2.3	Premium Ratio (2.1 / 2.2) .....	.....	.....
2.4	Reserve Numerator .....	.....	.....
2.5	Reserve Denominator .....	.....	.....
2.6	Reserve Ratio (2.4 / 2.5) .....	.....	.....

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes[] No[X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and departments been filed with the appropriate regulatory agency?

Yes[] No[X]

4.2 If not previously filed furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes[] No[X]

5.1 Does the reporting entity have stop-loss reinsurance?

Yes[X] No[]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical

\$ 1,000,000

5.32 Medical Only

\$

5.33 Medicare Supplement

\$

5.34 Dental

\$

5.35 Other Limited Benefit Plan

\$

5.36 Other

\$

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

7.1 Does the reporting entity set up its claim liability for provider services on a service data base?

Yes[X] No[]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

..... 994

8.2 Number of providers at end of reporting year

..... 0

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes[] No[X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

..... 0

9.22 Business with rate guarantees over 36 months

..... 0

GENERAL INTERROGATORIES (continued)
PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes[X] No[]

10.2 If yes:

10.21 Maximum amount payable bonuses

\$

10.22 Amount actually paid for year bonuses

\$

10.23 Maximum amount payable withholds

\$

10.24 Amount actually paid for year withholds

\$ 2,164

11.1 Is the reporting entity organized as:

11.12 A medical Group/Staff Model,

Yes[] No[X]

11.13 An Individual Practice Association (IPA), or,

Yes[] No[X]

11.14 A Mixed Model (combination of above)?

Yes[] No[X]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements?

Yes[] No[X]

11.3 If yes, show the name of the state requiring such net worth.

11.4 If yes, show the amount required.

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

\$

11.6 If the amount is calculated, show the calculation.

Yes[] No[X]

12. List service areas in which the reporting entity is licensed to operate:

1
Name of Service Area
Allegan County, Michigan
Barry, County, Michigan
Crawford County, Michigan
Ionia County, Michigan
Isabella County, Michigan
Kent County, Michigan
Mecosta County, Michigan
Missaukee County, Michigan
Montcalm County, Michigan
Muskegon County, Michigan
Newaygo County, Michigan
Oceana County, Michigan
Osceola County, Michigan
Ottawa County, Michigan
Roscommon County, Michigan
Wexford County, Michigan

FIVE-YEAR HISTORICAL DATA

	1 2003	2 2002	3 2001	4 2000	5 1999
BALANCE SHEET ITEMS (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 26)	8,806,425	14,014,577	11,730,405	7,193,731	5,188,793
2. Total liabilities (Page 3, Line 22)	1,365,362	7,446,898	6,392,149	3,860,131	3,063,096
3. Statutory surplus					500,000
4. Total capital and surplus (Page 3, Line 30)	7,441,063	6,567,679	5,338,256	3,333,600	2,125,876
INCOME STATEMENT ITEMS (Page 4)					
5. Total revenues (Line 8)	46,029,519	55,413,678	43,779,077	30,793,310	21,655,531
6. Total medical and hospital expenses (Line 18)	40,317,956	50,591,163	39,213,601	27,373,450	19,202,277
7. Total administrative expenses (Line 21)	2,894,407	3,118,936	2,667,464	2,240,050	1,400,548
8. Net underwriting gain (loss) (Line 24)	2,413,805	1,020,223	1,315,135	1,021,775	1,267,350
9. Net investment gain (loss) (Line 27)	120,223	188,538	252,148	298,905	214,644
10. Total other income (Lines 28 plus 29)	7,203,876	13,893	445,411	10,323	
11. Net income or (loss) (Line 32)	9,737,904	1,222,654	2,012,694	1,331,003	1,267,350
RISK-BASED CAPITAL ANALYSIS					
12. Total adjusted capital	7,441,063	6,567,679	5,338,256	3,333,600	2,125,876
13. Authorized control level risk-based capital	2,377,535	2,480,380	2,019,144	1,756,608	1,120,210
ENROLLMENT (Exhibit 2)					
14. Total members at end of period (Column 5, Line 7)		38,375	30,636	22,382	20,364
15. Total members months (Column 6, Line 7)	360,151	427,648	325,399	258,921	231,206
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5)					
16. Premiums earned (Lines 2 plus 3)	100.0	100.0	100.0	100.0	100.0
17. Total hospital and medical (Line 18)	87.6	91.3			
18. Total underwriting deductions (Line 23)	94.8	98.2			
19. Total underwriting gain (loss) (Line 24)	5.2	1.8			
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
20. Total claims incurred for prior years (Line 12, Col. 5)	5,475,289	5,431,669	2,376,699	1,501,688	1,540,204
21. Estimated liability of unpaid claims-[prior year (Line 12, Col. 6)] ..	7,106,664	6,036,872	3,258,459	2,150,200	1,533,180
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
22. Affiliated bonds (Sch. D Summary, Line 25, Col. 1)					
23. Affiliated preferred stocks (Sch. D Summary, Line 39, Col. 1)					
24. Affiliated common stocks (Sch. D Summary, Line 53, Col. 2)					
25. Affiliated short-term investments (subtotal included in Sch. DA, Part 2, Col. 5, Line 11)					
26. Affiliated mortgage loans on real estate					
27. All other affiliated					
28. Total of above Lines 22 to 27					

SCHEDULE D - SUMMARY BY COUNTRY
Long-term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value (a)	3 Actual Cost	4 Par Value of Bonds
BONDS Governments (Including all obligations guaranteed by governments)	1. United States .....	.....	.....	.....	.....
	2. Canada .....	.....	.....	.....	.....
	3. Other Countries .....	.....	.....	.....	.....
	4. Totals .....	.....	.....	.....	.....
States, Territories and Possessions (Direct and Guaranteed)	5. United States .....	.....	.....	.....	.....
	6. Canada .....	.....	.....	.....	.....
	7. Other Countries .....	.....	.....	.....	.....
	8. Totals .....	.....	.....	.....	.....
Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)	9. United States .....	.....	.....	.....	.....
	10. Canada .....	.....	.....	.....	.....
	11. Other Countries .....	.....	.....	.....	.....
	12. Totals .....	.....	.....	.....	.....
Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	13. United States .....	.....	.....	.....	.....
	14. Canada .....	.....	.....	.....	.....
	15. Other Countries .....	.....	.....	.....	.....
	16. Totals .....	.....	.....	.....	.....
Public Utilities (unaffiliated)	17. United States .....	.....	.....	.....	.....
	18. Canada .....	.....	.....	.....	.....
	19. Other Countries .....	.....	.....	.....	.....
	20. Totals .....	.....	.....	.....	.....
Industrial and Miscellaneous and Credit Tenant Loans (unaffiliated)	21. United States .....	.....	.....	.....	.....
	22. Canada .....	.....	.....	.....	.....
	23. Other Countries .....	.....	.....	.....	.....
	24. Totals .....	.....	.....	.....	.....
Parent, Subsidiaries and Affiliates	25. Totals .....	.....	.....	.....	.....
	26. Total Bonds .....	.....	.....	.....	.....
PREFERRED STOCKS Public Utilities (unaffiliated)	27. United States	NONE	.....	.....	.....
	28. Canada .....		.....	.....	.....
	29. Other Countries .....		.....	.....	.....
	30. Totals .....		.....	.....	.....
Banks, Trust and Insurance Companies (unaffiliated)	31. United States .....	.....	.....	.....	.....
	32. Canada .....	.....	.....	.....	.....
	33. Other Countries .....	.....	.....	.....	.....
	34. Totals .....	.....	.....	.....	.....
Industrial and Miscellaneous (unaffiliated)	35. United States .....	.....	.....	.....	.....
	36. Canada .....	.....	.....	.....	.....
	37. Other Countries .....	.....	.....	.....	.....
	38. Totals .....	.....	.....	.....	.....
Parent, Subsidiaries and Affiliates	39. Totals .....	.....	.....	.....	.....
	40. Total Preferred Stocks .....	.....	.....	.....	.....
COMMON STOCKS Public Utilities (unaffiliated)	41. United States .....	.....	.....	.....	.....
	42. Canada .....	.....	.....	.....	.....
	43. Other Countries .....	.....	.....	.....	.....
	44. Totals .....	.....	.....	.....	.....
Banks, Trust and Insurance Companies (unaffiliated)	45. United States .....	.....	.....	.....	.....
	46. Canada .....	.....	.....	.....	.....
	47. Other Countries .....	.....	.....	.....	.....
	48. Totals .....	.....	.....	.....	.....
Industrial and Miscellaneous (unaffiliated)	49. United States .....	.....	.....	.....	.....
	50. Canada .....	.....	.....	.....	.....
	51. Other Countries .....	.....	.....	.....	.....
	52. Totals .....	.....	.....	.....	.....
Parent, Subsidiaries and Affiliates	53. Totals .....	.....	.....	.....	.....
	54. Total Common Stocks .....	.....	.....	.....	.....
	55. Total Stocks .....	.....	.....	.....	.....
	56. Total Bonds and Stocks .....	.....	.....	.....	.....

(a) The aggregate value of bonds which are valued at other than actual fair value is \$.....

SCHEDULE D - Verification Between Years

1. Book/adjusted carrying value of bonds and stocks, prior year. _____

2. Cost of bonds and stocks acquired, Column 6, Part 3..... _____

3. Increase (decrease) by adjustment:

3.1 Column 16, Part 1..... _____

3.2 Column 12, Part 2, Section 1..... _____

3.3 Column 10, Part 2, Section 2..... _____

3.4 Column 10, Part 4..... _____

4. Total gain (loss), Column 14, Part 4..... _____

5. Deduct consideration for bonds and stocks disposed of
Column 6, Part 4..... _____
6. Foreign Exchange Adjustment

6.1 Column 17, Part 1..... _____

6.2 Column 13, Part 2, Section 1..... _____

6.3 Column 11, Part 2, Section 2..... _____

6.4 Column 11, Part 4..... _____

7. Book/adjusted carrying value at end of current period..... _____

8. Total valuation allowance..... _____

9. Subtotal (Lines 7 plus 8)..... _____

10. Total nonadmitted assets..... _____

11. Statement value of bonds and stocks, current period..... _____

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS
Allocated by States and Territories

		1	2	Direct Business Only					
		Guaranty Fund (Yes or No)	Is Insurer Licensed (Yes or No)	3	4	5	6	7	8
State, Etc.				Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Deposit-Type Contract Funds	Property/ Casualty Premiums
1.	Alabama (AL)	No	No .....	.....	.....	.....	.....	.....	.....
2.	Alaska (AK)	No	No .....	.....	.....	.....	.....	.....	.....
3.	Arizona (AZ)	No	No .....	.....	.....	.....	.....	.....	.....
4.	Arkansas (AR)	No	No .....	.....	.....	.....	.....	.....	.....
5.	California (CA)	No	No .....	.....	.....	.....	.....	.....	.....
6.	Colorado (CO)	No	No .....	.....	.....	.....	.....	.....	.....
7.	Connecticut (CT)	No	No .....	.....	.....	.....	.....	.....	.....
8.	Delaware (DE)	No	No .....	.....	.....	.....	.....	.....	.....
9.	District of Columbia (DC)	No	No .....	.....	.....	.....	.....	.....	.....
10.	Florida (FL)	No	No .....	.....	.....	.....	.....	.....	.....
11.	Georgia (GA)	No	No .....	.....	.....	.....	.....	.....	.....
12.	Hawaii (HI)	No	No .....	.....	.....	.....	.....	.....	.....
13.	Idaho (ID)	No	No .....	.....	.....	.....	.....	.....	.....
14.	Illinois (IL)	No	No .....	.....	.....	.....	.....	.....	.....
15.	Indiana (IN)	No	No .....	.....	.....	.....	.....	.....	.....
16.	Iowa (IA)	No	No .....	.....	.....	.....	.....	.....	.....
17.	Kansas (KS)	No	No .....	.....	.....	.....	.....	.....	.....
18.	Kentucky (KY)	No	No .....	.....	.....	.....	.....	.....	.....
19.	Louisiana (LA)	No	No .....	.....	.....	.....	.....	.....	.....
20.	Maine (ME)	No	No .....	.....	.....	.....	.....	.....	.....
21.	Maryland (MD)	No	No .....	.....	.....	.....	.....	.....	.....
22.	Massachusetts (MA)	No	No .....	.....	.....	.....	.....	.....	.....
23.	Michigan (MI)	No	Yes .....	.....	.....	46,195,435	.....	.....	.....
24.	Minnesota (MN)	No	No .....	.....	.....	.....	.....	.....	.....
25.	Mississippi (MS)	No	No .....	.....	.....	.....	.....	.....	.....
26.	Missouri (MO)	No	No .....	.....	.....	.....	.....	.....	.....
27.	Montana (MT)	No	No .....	.....	.....	.....	.....	.....	.....
28.	Nebraska (NE)	No	No .....	.....	.....	.....	.....	.....	.....
29.	Nevada (NV)	No	No .....	.....	.....	.....	.....	.....	.....
30.	New Hampshire (NH)	No	No .....	.....	.....	.....	.....	.....	.....
31.	New Jersey (NJ)	No	No .....	.....	.....	.....	.....	.....	.....
32.	New Mexico (NM)	No	No .....	.....	.....	.....	.....	.....	.....
33.	New York (NY)	No	No .....	.....	.....	.....	.....	.....	.....
34.	North Carolina (NC)	No	No .....	.....	.....	.....	.....	.....	.....
35.	North Dakota (ND)	No	No .....	.....	.....	.....	.....	.....	.....
36.	Ohio (OH)	No	No .....	.....	.....	.....	.....	.....	.....
37.	Oklahoma (OK)	No	No .....	.....	.....	.....	.....	.....	.....
38.	Oregon (OR)	No	No .....	.....	.....	.....	.....	.....	.....
39.	Pennsylvania (PA)	No	No .....	.....	.....	.....	.....	.....	.....
40.	Rhode Island (RI)	No	No .....	.....	.....	.....	.....	.....	.....
41.	South Carolina (SC)	No	No .....	.....	.....	.....	.....	.....	.....
42.	South Dakota (SD)	No	No .....	.....	.....	.....	.....	.....	.....
43.	Tennessee (TN)	No	No .....	.....	.....	.....	.....	.....	.....
44.	Texas (TX)	No	No .....	.....	.....	.....	.....	.....	.....
45.	Utah (UT)	No	No .....	.....	.....	.....	.....	.....	.....
46.	Vermont (VT)	No	No .....	.....	.....	.....	.....	.....	.....
47.	Virginia (VA)	No	No .....	.....	.....	.....	.....	.....	.....
48.	Washington (WA)	No	No .....	.....	.....	.....	.....	.....	.....
49.	West Virginia (WV)	No	No .....	.....	.....	.....	.....	.....	.....
50.	Wisconsin (WI)	No	No .....	.....	.....	.....	.....	.....	.....
51.	Wyoming (WY)	No	No .....	.....	.....	.....	.....	.....	.....
52.	American Samoa (AS)	No	No .....	.....	.....	.....	.....	.....	.....
53.	Guam (GU)	No	No .....	.....	.....	.....	.....	.....	.....
54.	Puerto Rico (PR)	No	No .....	.....	.....	.....	.....	.....	.....
55.	U.S. Virgin Islands (VI)	No	No .....	.....	.....	.....	.....	.....	.....
56.	Canada (CN)	No	No .....	.....	.....	.....	.....	.....	.....
57.	Aggregate other alien (OT)	X X X	X X X .....	.....	.....	.....	.....	.....	.....
58.	TOTAL (Direct Business)	X X X	(a). 1 .....	.....	.....	46,195,435	.....	.....	.....
DETAILS OF WRITE-INS									
5701	.....			.....	.....	.....	.....	.....	.....
5702	.....			.....	.....	.....	.....	.....	.....
5703	.....			.....	.....	.....	.....	.....	.....
5798.	Summary of remaining write-ins for Line 57 from overflow page .....			.....	.....	.....	.....	.....	.....
5799.	TOTALS (Lines 5701 through 5703 plus 5798) (Line 57 above) ..			.....	.....	.....	.....	.....	.....

(a) Insert the number of yes responses except for Canada and Other Alien.
Explanation of basis of allocation of premiums by states, etc.:

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

Metropolitan Health System

Metropolitan Health Corporation
Board of Directors

Metropolitan
Enterprises
100%
For Profit

West MI
Physician
Org. (MSO)
100%
Not for Profit

Metropolitan
Hospital
100%
Not for Profit

Metropolitan
Foundation
100%
Not for Profit

Metropolitan/
Butterworth
Enterprises (dba
Wellness Center)
50%
Not for Profit

Borgess/
Metro Health
Alliance 50%
Not for Profit

Kent Metro
PHO (dba
Metro Health)
50%
Not for Profit

Community
Care Plan
(CCP)
100%
Not for Profit

MRI Services of
West MI
50%
Not for Profit

MRI Services of
West MI Mobile I
33.33%
Not for Profit

MRI Services of
West MI Mobile II
50%
Not for Profit

West MI
Regional
Delivery
Network
27.8%
For Profit